

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXVIII.

WEDNESDAY, JUNE 7, 1843.

No. 18.

CÆSAREAN OPERATION ON A DWARF.

By Cyrus Falconer, M.D., of Hamilton, Butler County, Ohio.

PERFECT success is not always the test of merit or skill; but it is sometimes the chief motive in reporting cases for the public eye. I am not positively sure that some influence of this kind has not prevented me from offering at an earlier date a report of the following case, which has certainly some peculiar and striking features, however barren of brilliancy in the result.

On the 6th of July, 1840, I was called to visit Miss ———, of Ross township, in the south-western part of this county (Butler), in labor with her first child. The physician in attendance was Dr. Præther, an intelligent practitioner of Venice, near which village the patient resided. She had been in labor since the previous midnight; I arrived about half past 2, P. M.

I was not a little surprised to find the patient a *dwarf*, just *three feet six inches in height*, with a form very illy proportioned. Her head was, perhaps, of normal size, and her trunk not greatly inferior in *breadth* to the ordinary standard, but longitudinally reaching little over its proportion of her diminutive stature. The left foot of the fœtus was presenting at the os externum, and Dr. P. informed me that he had felt the toes of its fellow; but had been unable to introduce his hand so as to grasp the foot and bring it down. I proceeded to examine her; and carrying the finger to the superior strait, I immediately discovered a mal-conformation of the pelvis. The sacrum projected towards the pubis so as to give the superior strait the character of a *fissure*; the antero-posterior diameter being certainly not over one inch and three fourths. The leg of the presenting foot occupied the full breadth of the fissure, affording an evidence but too conclusive that nature was not competent to the delivery. The os uteri was well dilated, and the pains incessant and severe. Carrying my hand over the abdomen I found the uterus occupying a diagonal position; the fundus extending high into the right hypochondriac region.

Her mother assured us that the mal-formation was congenital, and that she had observed the pelvic obliquity soon after birth; but from a history of the early childhood of the patient we were satisfied it was the result of *rachitis*.

What was to be done? The strength of our patient was flagging in an unavailing travail. Her delivery *per vias naturales*, was evidently impossible. Shall we sacrifice the fœtus in an attempt to save the mother? Can we, after awaiting its death, remove it piecemeal? These questions were rapidly and anxiously revolved in our minds. Had the head presented, its reduction and the use of the crotchet would of course have presented themselves, though had that been the case there was not room, I apprehend, for the passage of the base of the cranium. Under the circumstances, we were soon brought to the conclusion that the only hope for either child or mother was in the Cæsarean section. This *might* save both, without it the loss of both was inevitable; for we had not sufficient confidence in the division of the pubis to induce us to canvass its merit.

Quietly withdrawing the mother of the patient, and one of her friends, we stated to them frankly the situation of the case, and the alternatives. They were less surprised than I had anticipated, the dwarfish stature and disproportions of the girl having prepared them for something of the kind. We next communicated our views to the patient herself—she exhibited but slight emotion, and promptly agreed to the operation.

We then proposed sending to Hamilton—eight miles—for additional counsel; but to this the patient strongly objected, insisting she could not endure the delay, and imploring us to proceed at once to the operation. Her mother joined in the request, and indeed we were satisfied that every hour's delay lessened the prospect of a favorable result. The most propitious time, according to all writers on this subject, I believe, had already long since passed.

The operation resolved upon, we set about preparing for it. Ligatures, adhesive strips, lint, compresses, and a broad bandage, were arranged ready for use. The instrument selected was the common scalpel.

Placing the patient upon her back on the bed which she was finally to occupy, with the lower extremities partially flexed, and having the walls of the abdomen compressed by assistants, so as to fix the uterus and prevent the escape of the omentum or intestines, I proceeded to make the first incision. In order to make myself understood I will repeat that the fundus of the uterus extended high into the right hypochondrium, overlapping, and to a considerable extent dislodging the liver from its position. It was necessary to make the incision somewhat oblique, beginning at the upper part, near the right margin of the *linea alba*, and crossing towards its centre in the descent towards the pubis. The usual direction is to commence below the umbilicus; but in this case the shortness of the abdomen made it imperative to begin considerably higher up, in order to get an opening large enough to extract the fœtus. This case seemed to me a wonderful illustration of the capacity of nature to adapt herself to circumstances, however straitened. The liver and stomach appeared to be crowded entirely out of their proper location, pressing of course, in turn, upon the diaphragm and other viscera, and yet the functions of animal life had been but little disturbed. With the first sweep of the knife, I divided the abdominal integuments to within an inch or an

inch and a half of the pubis, exposing the aponeurotic expansion which forms the linea alba, the whole distance; this was then carefully divided, and the peritoneum presented itself. Making a small orifice in this latter membrane at the upper extremity of the incision, I inserted a couple of fingers and slightly elevating them divided it; the fingers acting as a director, and protecting the parts beneath. At this part of the operation, much difficulty was experienced in preventing the escape of the intestines. The uterus was opened, observing the same caution as with the peritoneum, and the fœtus was exposed, its back presenting to the incision. Although I began my incision considerably above the umbilicus, such was the relative size of the child that I found it impracticable to extract it, until I had extended the opening in each direction; approaching nearly to the cartilage of the lower true rib above, and the pubis below. During my efforts to accomplish the delivery, considerable extravasation took place. The relative size of the child and mother can only be conceived by the reader, when he remembers the height of the mother—three feet and a half—and learns that the child was about the ordinary size, weighing, by conjecture, from seven to eight pounds.

I at length succeeded, by grasping the thighs, in elevating the breech, and delivered the child as in a breech presentation; it soon cried lustily, and was separated from the cord. The uterus now contracted powerfully, the placenta was expelled, the extravasated blood removed as much as possible, and we proceeded to dress the wound.

Four or five points of the interrupted suture were employed—long adhesive strips were applied between the sutures, leaving a space at the lower portion, for the escape of any discharge that might accumulate. A broad compress was next applied, and the whole covered with a broad, firm bandage tolerably tight.

During the operation, the patient made very little complaint; she now said she felt very comfortable, and expressed much gratification at being relieved by an amount of suffering so much less than she had apprehended. An anodyne was administered, and finding her at the end of a couple of hours still comfortable, and inclined to rest, I left her, and rode home, solacing myself with the pleasing hope of a favorable result. Ere morning, however, inflammation began to be developed. On visiting her next day, I found the tongue white, pulse quick and frequent, the abdomen swelled, tympanitic and tender; great thirst, with all the evidences of a high degree of inflammation. Dr. Præther, residing near her, saw her frequently; but it is not necessary to detail the treatment, which did not differ from that usually pursued in inflammation of the abdominal viscera. She died on the eighth.

The child did well, and is now a vigorous, healthy and well-formed little girl.

An additional link in the chain of sympathy excited in my bosom for the luckless subject of this notice, was the fact that she was the victim of a human fiend in the *shape of her own uncle!*

A word as to the proper time of operating, and I have done. Cesarean section must necessarily be an exceedingly rare operation in any

country, and more especially in the sparse population and well-formed pelves of our country. This infrequency, with the want of observation and experience which flows from it, will ever tend to produce hesitancy and indecision in the mind of the medical attendant, and will probably very often delay the operation until the most eligible time has gone by. The fear of censure will doubtless sometimes throw its weight into the same scale; for it is unfortunately true, that there are many in our profession who will find fault with the practice of a rival brother, whenever it is practicable to do so. In this case it has been said we were too precipitate, and should have had additional counsel. But in fact the delay already had, was very possibly a cause of the unfortunate result to the mother. The unfavorable termination of nearly all the earlier cases of Cæsarean operation in England, is attributed chiefly to the late period of labor when the operation was resorted to.

The Continental writers, amongst them Graefe and Baudelocque, unanimously assure us that the proper time for the operation is before the waters have been evacuated, and just so soon as the os uteri is sufficiently dilated to permit their free discharge. In this opinion Dewees concurs; and no doubt such is the proper course where election as to time is within the control of the attendant. Sabatier says, "There ought not to be too much delay, lest the patient's strength be exhausted, and the violent efforts of labor should bring on an inflammatory state of the parietes of the uterus."—*Western Jour. of Med. and Surg.*

MEDICAL CURIOSITY.—ALLEGED LIVING REPTILE IN THE HUMAN STOMACH.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Many of your readers, especially in the northern part of New York and in Vermont, have doubtless heard of a woman who for many years has been said to have a snake in her stomach, the living contortions of which in the intestinal canal have been supposed to be visible, and sensible to herself and others, and hence she has not only awakened much sympathy, but she has been made the subject of physical exploration by numerous medical men, most of whom have agreed in opinion that either a snake, lizard, or some other huge animal, has been and is still alive within the intestinal tube. Hence she has not only been very frequently inspected and examined, but various kinds of medication have been resorted to for the destruction or the removal of the reptile, and for relieving the protracted mental and physical sufferings of the afflicted woman, which at times acquire great severity.

In my late visit to Castleton, Vt., I had the opportunity of seeing this patient, through the politeness of Professor Perkins, one of my colleagues in the Faculty of the Medical School of that place, and improved it by investigating this curious case, and herewith send you my attempt at diagnosis.

The history, as related by herself, is thus given:—About fourteen

years ago she visited a spring with some of her young companions, and hastily drank of the water taken up in a vessel, after night, when she could not be supposed to see what might possibly be in the water. In the act of drinking, she felt that she had swallowed something, even colder than the water, and though at the time she suspected it might be some living animal, yet she forgot the circumstance until some time afterwards, when she was seized with a strange sensation in the stomach, as though something was panting in the epigastric region, which revived the suspicions she had entertained at the spring, and these were confirmed by numerous physicians, who concurred in the opinion that she must have swallowed, at that time, either a young lizard, frog or snake, which was still thriving within the alimentary canal; some locating it in the stomach, and others in the colon. In about eight years after the first symptoms, she became subject to fits, recurring at intervals, but without periodicity, the spasms, as described, being of a clonic character. She states that the recurrence of these fits may be prevented by careful diet, but return after any considerable indulgence in gross food; and that though she feels the *living animal* within her during all her waking hours, and is under the necessity of taking nice articles of food to keep it quiet, yet there are frequent noises heard by herself and audible to others, as though something was "flapping" in her stomach, and that the motions of the animal at these times are visible through the abdominal walls, and that its position can then be clearly ascertained by the touch, and the body of the animal be felt and even grasped by herself and others. During the spasms she states that she loses both sight and hearing, and that their onset is sudden, the only premonition being disturbed digestion. I understood, also, that she is married, has borne children since the casualty, and that there has been no very considerable uterine disturbance, though occasional catamenial irregularity, and constipation habitually, is confessed. A morbid appetite, and dyspeptic symptoms varying in degree and intensity, are the only functional disturbances of health.

The treatment has been various, because of the different physicians who have been consulted at home and abroad, for she has travelled hundreds of miles in search of relief. At present she is taking turpentine and conium, which, proving tonic and cathartic, she thinks afford some degree of benefit. Still she is fully confirmed in the belief that a living snake is in her stomach, and that she can exhibit the evidence of the fact to three of the senses, viz. sight, hearing and feeling.

During the hour I spent in investigating her case, I was fortunate enough to have her assurance that she was suffering unusually from the motions of the reptile, so that I might satisfy myself of its presence by my eyes, ears, and fingers through the abdominal walls. She first directed me to place my hand upon the upper portion of the abdomen and feel the lump, as she called it. I found, sure enough, a "lump," which she said was the "living critter," and that if I would grasp it, I would find that it would presently move. It was situated just below the epigastrium, and extending half way to the umbilicus, and the lump was of a spheroidal form, which if the body of a snake, must have been nearly as

thick as a man's arm. In grasping it, however, with great firmness, I satisfied myself fully that it could not move from beneath my hand, and that it felt to me, like one of the compartments of the colon, distended with flatus, which was confined on either side, so that it could not readily escape. Having discovered that the direction in which the longest diameter of this "lump" could be felt was not in the route of the transverse arch of the colon, but obliquely downward, I attempted to empty it by pressing it at one end when grasping it with both hands, and found that the contents of the distended sac very gradually escaped into another compartment of the colon, where it became again confined by the bands belonging to that intestine, and could be grasped in like manner. At the moment of emptying one sac into another, she called my attention to the "flapping" which she felt, and placing my ear to the abdomen I distinctly heard, as did Dr. Perkins also, the passage of the air, as though the morbid contraction of the bands of the colon presented a valvular obstruction to the passage of the gas by which the upper portion of the intestine had been distended. The position of the lump being thus changed, I repeated the same process, and passed on the contents of the second sac gradually into another division of the bowel below the umbilicus, where it could still be felt, but with less distinctness. The woman felt the change of position thus effected, but ascribed it to the animal changing its location at pleasure, and said that at times it found a place so far down in the iliac region, and so near the back, that it could not be felt through the abdomen, but still she was at all times sensible of its presence.

Having made out my diagnosis as well as I was able, I availed myself of this case, in my next lecture to my class in the college, at which a number of medical men were present, who had previously seen the patient, some of whom had swallowed the snake story, and whether my critique on the case rendered it indigestible I am not able to say, as my course terminating soon after I left for home. I have reason to believe, however, that Professor Perkins fully coincided in my opinion of the case.

That the woman is a confirmed hypochondriac, from organic dyspepsia, there can be no doubt; and that she is a monomaniac on the subject of the snake, I consider as equally certain. Now it is a pathological fact, well ascertained by Pinel, Esquirol, and other practical writers on this form of insanity, that a morbid relaxation and *dislocation of the colon* is found present, either as cause or effect, so that the position of its transverse arch is changed among the other intestines. Sometimes it is found descending obliquely, so that one extremity lies behind the pubis, and in other cases descends into the pelvis. That such is the relative position of the colon in this case, there can be no doubt, for we had both ocular and tangible demonstration. Her indigestion being permanent, her food undergoes decomposition in the stomach and bowels, with the consequent production of acids and gases. The former of these may by irritation have caused a contraction of the dividing bands of the colon, spasmodic at first and subsequently permanent; while the latter distends each compartment of the gut until the valvular separation is sufficiently open

to suffer its escape. This escape of air into the fluid contents of the next division of the gut, occasions the noise or flapping which is heard by the patient or her friends, and is ascribed to the panting of the snake; and which confirms her imaginary notion of having swallowed one fourteen years ago, which has been growing by what it feeds on, and at her expense, for she has to eat, as she alleges, to keep the "critter" quiet. Such is the pathological estimate which I formed of the case, and which I shall entertain until one more rational is furnished. That it will be perfectly satisfactory to others, I cannot even hope. But that it is more rational than to admit that either a snake, lizard or frog, has survived fourteen years in the midst of the secretions of the intestinal canal, and continues to thrive perennially, I respectfully submit, especially to my professional brethren who have countenanced the latter opinion.

Regarding the case as one presenting morbid phenomena both of a mental and physical character, I would advise corresponding treatment. And although in an organic affection of this character, so long existing, and with a contracted colon approaching to scirrhus in its nature, the mischief may be beyond permanent cure, yet I would attempt the removal of the flatulence by aiming to improve the digestive function. A combination of tonics, aromatics and cathartics, would be most effectual, and if once the accumulation of wind in the colon could be prevented, even though its displacement continue, the ever-present ground of belief in the snake would be taken away.

Still, however, the woman is so fully convinced that some living thing is confined within her body, that this mental malady would not be cured by restoring her to physical health, and must be treated by a "pious fraud," if it is thus termed, though in such a case it might be lawfully practised. She must *see* a lizard, or some living thing, which *seems* to pass from her body, and have it to show to others, or she will never believe herself cured. A living lizard or snake might be adroitly thrown into the stool, after hypercatharsis has been induced by some drastic cathartic which she might be led to expect would cleanse the bowels from every foreign body. The impression that it had thus escaped, might be innocently indulged by her, and be even encouraged by others, till her morbid imaginings cease.

Some may suspect fraud on the part of the patient, and various reasons had inclined me so to surmise before I saw her; but since my interview I have formed a different opinion, corresponding to her character, which is uniformly good. I told her my views as regards the nature of her disease, to which she listened with obvious and sincere concern; and promised to take the medicines I might direct. I assured her that if, contrary to my opinion, there was any living animal in her body, she might expect it to come away either dead or alive, before long, and requested to be informed of my mistake, if that result should happen.

Of course I said nothing to her of the plan I suggested to remove her mental impression, as its success must depend upon its concealment from her. Nor have I learned whether my views have been carried out in re-

gard to her medication. I submit this brief account of this singular case for your Journal, if you think it will interest your readers.

Baltimore, May 18th, 1843.

D. MEREDITH REESE, M.D.

OPERATION FOR CONTRACTION FROM A BURN.*

By P. W. Ellsworth, M.D., Hartford, Ct.

[Communicated for the Boston Medical and Surgical Journal.]

THE patient was a Miss Elizabeth Daniels, of Humphreysville, aged 11. When three years of age, her clothes accidentally took fire, and before they were extinguished, her chest, arm, face and neck were severely burned. Her recovery was doubtful, but through the attention of her physician, Dr. Kendall, of Humphreysville, and a good constitution, it eventually took place, leaving, however, dreadful deformity. The contraction occupied the left side of the neck, drawing the chin nearly to the sternum, there being an intervening space of two inches at the utmost. The head could not be elevated further than this without opening the mouth. The lower lip was dragged downward and outward towards the left side, being completely everted, the upper edge nearly touching the point of the chin. The left angle was excoriated by the constant contact of saliva dribbling from that corner. The left lower eyelid was also a little dragged downward. The teeth of the lower jaw were in a position approaching horizontal, and shutting several lines anterior to those of the upper, inclining also with the jaw itself towards the left side. The cicatrix extended from the symphysis of the lower jaw to the left ear, which had been almost completely destroyed, and from the sternum to near the junction of the clavicle and scapula. It was narrower in the centre, having an hour-glass shape, resulting from the stretching of the parts, instanced in a piece of caoutchouc extended. The appearance of neck was completely lost on that side, there being a plane surface from the cheek to the breast. The cicatrix was of the natural color of the skin, and soft.

It had been proposed to do the operation at Humphreysville, but for convenience Mr. Daniels permitted it at the Hospital at New Haven. This was performed Thursday morning, April 6th. The season was not particularly favorable for such an operation, as the snow was rapidly melting, the temperature of the air very variable, and scarlet fever and erysipelas being also prevalent. But as her constitution was excellent, and she had been well prepared, it appeared to me safe to make the attempt. Drs. Beers, Monson, L. Ives, Jr., Kendall of Humphreysville, and Dr. Miller, Superintendent of the Hospital, were present. I was favored with the assistance of Professor Hooker and Dr. P. A. Jewett. Having placed the little patient in a chair, sitting so that the light might fall full upon the neck, an incision was made directly across the narrowest part of the cicatrix, and an inch from the sternum. Immediately the tense

* See page 244.

bands flew asunder. Descending to the muscles of the neck, of course the incision lengthened, so that at last it extended from the right side of the trachea nearly below the left ear. The dissection was carried on through the condensed cellular tissue to the depth of an inch or more, through the platysma myoides, and the fascia of the neck, until the mastoid muscle was laid bare. Had it been necessary, this muscle could now have been easily divided, but the head could be perfectly elevated, and the lip be made to assume its proper position. The folds of the cicatrix had vanished, but in their place remained a great chasm of bleeding tissues, five inches in length by three or four in breadth, extending from the great retraction half an inch below the clavicle. It was now necessary to fill up this chasm, else the contracting cicatrix would have left the neck as bad as ever. To do this we must prevent healing by granulation, a wound uniting by first intention not contracting. Following the plan of Mütter, a piece of paper shaped exactly like the wound and a trifle larger, to allow for shrinking, was laid upon the shoulder and neck, anterior to the edge of the trapezius, and descending over the point of the acromion process upon the deltoid, the anterior incision of the neck of the flap to commence a little above the posterior angle of the wound, that the flap might lie smoothly. This neck was about three quarters of an inch in length and half an inch in width. The flap having thus been marked out with a pencil moistened, I followed it with the scalpel, but the patient, who had borne the preceding part of the operation with great fortitude, became very restless. With much difficulty, owing to her struggles, the integument was raised exactly as marked and as deep as the fascia of the muscles. It was with imminent danger that it was elevated at its neck, as a slight cut (she being in constant motion) would have separated the flap from the body, and we should have had two bare surfaces instead of one. As it was elevated, the retraction of the skin caused the wound in the shoulder to appear much larger than its real size, through which the denuded shoulder projected, making a surface which could have been hardly covered with the spread hand. Being brought up to its new seat, the flap was found to fit perfectly. A needle* was passed through the anterior end of the flap and anterior angle of the wound, as in hare-lip, and secured by Dr. Jewett with the figure-8 ligature. The upper edge was thus passed over, then the lower; ten needles being used, inserted at about an inch apart, or a trifle less, as appeared

* The needles used were Glover's No. 7, having triangular points. They pass as readily through the skin as broadcloth, and answered admirably. After being secured, the points were clipped with wire forceps. Their introduction was much facilitated by using a porte, much resembling one described by Mütter in the 7th No. of the American Journal, for the operation of velosynthesis, the porte being rather short, the beaks shorter than common, in order that the lever power on the handles might render the hold upon the needles more secure. The groove for the needle is straight, three lines and perfectly round; an opening between the beaks allows the thread liberty. The handle on one side was elongated by the attachment of a piece of ebony. Instead of closing with a spring, I used a ring, being more easily fitted, which embraced the handles while holding the needle, and was slipped down when to be detached, its motion being controlled by a thread. This is not as neat an instrument as that recommended by Mütter, but much more secure, a matter of no little importance when needles are used about the fauces, and may be altered from Physick's porte in a few minutes by any mechanic. I found it answer perfectly in the operation of velosynthesis for which it was prepared, and in this case, as it allowed the needles to be passed through without the least prying motion, the firm hold on the needle, the curve of beak, and length of handle, giving great power applied in the best manner.

necessary. The edges were further secured by adhesive straps between the ligatures, making the union as complete as possible. Attempt was now made to unite the edges of the posterior wound, and although of so great magnitude, the extensibility of the integument allowed the lower half to be united perfectly; the upper part was loosely drawn together by a stitch supported by straps. It could easily have been more closely approximated, but if so there would have been too much strain upon the flap, for at the upper part there was but a narrow isthmus of integument between the two wounds, and the least traction on one edge must have been equally great on the other. My principal fear was that the neck would not support vitality to so large a portion of integument, but the blue color assumed assured me there was circulation, however imperfect, carried on. There was danger, also, that the depression over the clavicle might prevent a perfect union of parts, the fossa filling with blood. This was guarded against by relaxing the parts as much as possible, depressing the shoulder, removing the arm a short distance from the trunk by a small pillow placed in the axilla, and applying a compress accurately over the depression.

During the period occupied in raising the flap, the patient was laid upon a bed, rendering her shoulder more accessible, and she more easily controlled in her motions, as it was anticipated she would make resistance in this stage of the operation. When all was completed, her pulse was good, and she appeared not to have suffered any shock, spoke up lively, and presented no appearance of faintness. No vessels had required ligature; a few small arteries threw out a little blood, but speedily ceased bleeding. The hæmorrhage was inconsiderable. Fifteen drops tinct. opii were administered, and the patient placed in bed, the head being allowed to assume nearly its old position, so as to facilitate union of the parts. She was forbidden to make any use of the mouth in speaking or swallowing, excepting that water was occasionally given in teaspoonful doses. At 9, P. M., found that the laudanum had caused vomiting, but she had with great self-command kept her head perfectly still, and the exertion had not disturbed the dressings. Pulse nearly natural, thirst very great. Ordered a little peppermint water to control the nausea, and an enema of salt and water, and a sinapism to epigastrium if necessary.

On the morning of the 7th, found that the peppermint water had sufficed to allay all sickness, but she was very feverish and pulse rapid; had not slept any during the night; the wound, however, was not painful.

Being now obliged to leave New Haven, my little patient was entrusted to the care of Dr. P. A. Jewett, attending physician of the Hospital, by whose careful attention and judicious treatment her recovery was greatly facilitated. From him constant intelligence was received, and so perfectly satisfactory was the progress of the case, that I did not see Elizabeth until after her return to Humphreysville. The letters of Dr. J. furnish the substance of her remaining history until her return.

April 7th.—After my departure, her fever subsided; bowels moved freely with an injection, some of the outer dressings were removed, and everything appeared right.

8th.—Slept well last night; very comfortable; all dressings removed, and new ones applied, as the stiff plasters trouble her. All the wound in the neck was healing by first intention, except a small point under the chin and a half inch over the clavicle; these points are in good condition and granulating. A large part of the shoulder healing by first intention; all general symptoms excellent. The lower lip, by the help of adhesive straps, taking its proper place. Is in excellent spirits.

10th.—The pins were removed.

24th.—A stock of binder's board was applied as a support to the head and lower lip, which answered perfectly.

27th.—Left for home. The flap had been so perfectly adjusted, that it was found unnecessary to divide the neck after the union of the other part, the whole having united smoothly. More than two thirds of the wound in the shoulder had united by first intention. Her health suffered not in the least, and her greatest trouble after the third day was to get enough to eat. The steps of the case and results are all very similar to those of Dr. Mutter, of Philadelphia, and go far to establish the soundness of the principles involved. It is an operation which, in the cases admitting of it, will supersede all others.

Our little patient has been strikingly altered, her face having assumed quite its natural appearance, all the main points of deformity having been removed, and the remainder fast disappearing under the care of Dr. Kendall. It will, of course, require time to restore perfect shape to the jaw, though it is already in a great measure accomplished, time only now being requisite to render it perfect.

Hartford, May 11, 1843.

MESMERISM IN BALTIMORE.

A Challenge given by Professor C. A. Harris to Messrs. Dods and Jeter, to submit their Theory and Experiments to scientific tests—The Challenge accepted, and a Committee of decision chosen—Two nights' debate, and the complete overthrow of the Mesmerizers. By A MEDICAL TRAVELLER.

[Communicated for the Boston Medical and Surgical Journal.]

THE last and most foolish of all the stupid humbugs of the day, Mesmerism, has always found Baltimore a hard and unproductive soil for its introduction. So Collyer found it, and so have the more recent sorcerers. It had, indeed, no footing at all until one Jeter, from the interior of Virginia, came to the city, and by playing off the "Virginia gentleman" among the urbane and unsuspecting citizens of this hospitable city, contrived to introduce a belief of it, to some extent, into respectable families. Jeter also lectured in public, but made no pretensions to any theory or anything great, so that no criticism was aroused against him. He would, with apparent modesty, try his experiments before mixed audiences, and

leave to them and to others the task of forming theories. He made some converts among influential circles—carrying with him at least one medical gentleman from whom better things might have been expected, as he had been a professor in one of our universities; I refer to Dr. Annan. After Jeter had fully converted Dr. Annan and his negro boy, and the Rev. Dr. Kurtz and his negro girl, together with a large number of old ladies, he retired; and a greater magician, one Dods, said to have come from the city of Boston,* appeared with great pretensions; he had, to use his own words, “by long study and experiment, discovered the philosophy of Mesmerism”—was able to “associate it with all the known principles of nature, and make it plain to the humblest capacity.” He laid down this strong assertion in his card of annunciation—“Every person can be Mesmerized—all surgical operations can be performed without pain, and, indeed, all pain can be removed”!

After he had lectured some time, he was confronted in public by Beale H. Richardson, Esq., a merchant of this city, who challenged him, before the Lyceum and through the public papers, to cause a blind man to see, as he claimed to be able, by Mesmerism, to produce vision without the use of the eyes. It is needless to say that neither he nor any other Mesmerizer can do any such thing.

At length the editor of one of the smaller papers of the city professed to become a convert, and gave the influence of his sheet to the humbug. This led Professor Chapin A. Harris, M.D., to challenge him and his coadjutors, to a public test, before a large and competent committee—the audience to have no authority to interrupt or control the experiments, as had often been done before. Professor Harris nominated six gentlemen of this committee; and Samuel Barnes, Esq., editor of the *Clipper*, nominated six others on behalf of the Mesmerizers, and the twelve elected a thirteenth, which made up the committee of decision. The advocacy of Mesmerism was committed to Dr. Annan, J. B. Dods and Thos. E. Jeter; the opposition to Professor David M. Reese, Professor Chapin A. Harris and Professor Thomas E. Bond, Jr.—Dr. Annan and Professor Reese being allowed to open the experiments of every evening, each by an address of half an hour's duration. The rules governing the debate, experiments and tests, were such as to secure equal rights to both parties.

The evenings of Tuesday and Wednesday, the 23d and 24th of May, were devoted to the arguments, experiments and tests before audiences of from six to eight hundred ladies and gentlemen. The Mesmerizers produced their own subjects in part, and in part were to make trial of some produced by the opposite party, between twenty and thirty of whom were produced by the antagonists of Mesmerism. The debate between the two medical gentlemen, Dr. Annan and Professor Reese, was conducted decorously, although Dr. A. found himself as completely used up as ever a scientific man was in an insane attempt to sustain imposture. In the experiments the Mesmeric party had a most feverish and overweening tenderness for the lives and healths of their subjects—almost everything

* He was recently a Universalist Minister, at Fall River, Mass.—Ed.

would be perilous to their precious lives in the way of tests; ammonia was too dreadful an agent, and electricity absolutely shocking to Mesmerized nerves; many a sorrowing and appealing look was directed towards the audience, and particularly towards the ladies, to get an expression of disapprobation strong enough to break off some of these tests, in which they succeeded at least in one instance. Professor Bond sat down and received the same shocks from a galvanic battery, which had been inflicted on a subject claimed to be Mesmerized, and with no greater sensible effect upon his nerves. There was a singular fatality attending all the experiments of the Mesmerizers, even upon their favorite subjects, who had been long under their especial training; but when the opposite party took them in hand, and were put in communication with them as it is called, there was an utter failure of any results favorable to the claims of the humbug.

A negro lad, named Jacob, of some 14 or 15 years of age, had been selected by the magnetizers from the subjects produced by Professor Harris, and considered by them remarkably "impressible;" in fact they expected to prove much by him, as he had been with them only in presence of some one of the opposite party, and, therefore, here at least they could escape the "collusion" which had been charged upon the experiments of their trained subjects. Jacob was, therefore, put to sleep, and brought forward by Mr. Jeter, as a most triumphant proof of the Mesmeric power. It had, however, got to the knowledge of the antagonists of Mesmerism that this remarkably good subject was only "playing possum," as the young negroes call it, and it was understood beforehand that Jacob would be "himself again" whenever Professor Bond should call him out of his feigned trance. His rigidity was marvellously good; in phreno-magnetism he astonished and delighted the Mesmerizers beyond bounds, by dancing when the bump of motion was touched, and playing all the respondent pranks to the touch of the other organs. This subject had done such wonders that triumph sat enthroned on the brow of every Mesmerizer, when Jacob was turned over to the experiments of the other party. Professor Bond, addressing the gentlemen of the committee and the ladies and gentlemen of the audience, declared that they had *all been humbugged!* and turning to Jacob asked him if he had been asleep; with a loud laugh Jacob answered *no!* He jumped up, and such another convulsed audience never was seen since the confusion of tongues on Babel. Laughter, hisses, groans, attempts of the magnetizers to get another hearing, all were mingled in a burst of tumultuous laughter. Professor Reese, on behalf of the antagonists of Mesmerism, declined any further argument with their discomfited and overwhelmed antagonists, and left the matter with the committee of decision, whose report appeared two days afterwards. What this report was, will appear from the concluding paragraphs, which I transcribe:—

"The undersigned, in view of the whole, concur in opinion—

"1st. That Messrs. Reese, Bond and Harris having proved that the most marvellous and difficult 'feats' in Mesmerism, may be so perfectly imitated as to defy all the tests of Messrs. Jeter, Dods and Annan to de-

tect the imposture, have thus given great probability to the position they have assumed, which is that all those phenomena called magnetic, whenever they are either *mysterious* or *unnatural*, are the result of fraud of one party or collusion between both; and in this conclusion the undersigned concur.

"2d. That Messrs. Dods and Jeter's subjects failed, when placed in the hands of the opposite committee, to exhibit any single phenomenon at all remarkable, but, on the contrary, furnished confirmatory evidence that their alleged somnambulism was feigned; while, at the same time, the collusion between the parties was thus rendered suspicious, since certain mysterious touches were made whenever the subjects succeeded, and the absence of such signals was uniformly followed by failure.

"3d. The undersigned unite in the opinion that Messrs. Dods, Jeter and Annan, have signally failed in fulfilling their promises, or furnishing any evidence whatever which can be admitted as proof that there is any truth in Mesmerism; and, as what they call real phenomena cannot, even by themselves, be discriminated from those which are wholly fictitious, we regard the result of the investigation as decidedly adverse to their cause. We therefore decide, that in our judgment Messrs. Reese, Bond and Harris have fully sustained their denial of the existence of any proofs which can rationally sustain the existence of animal magnetism."

This report was signed by the following gentlemen of the committee: B. H. Richardson, Esq., Professor W. W. Handy, M.D., Geo. C. M. Roberts, M.D., John N. Baxter, M.D., Moses Holmes, Esq., Wm. E. Aikin, M.D., Professor of Chemistry, University of Maryland, Judge Jas. B. Price, M.D., and Wm. Geo. Baker, Esq.

Baltimore, May 30, 1843.

PARALYSIS FROM TUMORS DEVELOPED IN THE BRAIN.

[Communicated for the Boston Medical and Surgical Journal.]

COL. B., residing in Campton, N. H., called at my office, April 22d, 1842. In October preceding a tumor was removed from the right axilla, which resembled scirrhus. The wound healed gradually, and his health improved from the time of the operation until three or four weeks previous to my seeing him. I would remark, that for one or two years before his death, he had at times been absent minded; his memory failed in some measure, and he was very liable to make mistakes in doing business. In April, when he first visited me, his symptoms were similar to those which precede palsy. He described an uneasy sensation on the skin, confined to the right half of the body; at one time it seemed as though cold water was trickling over certain portions of the right half of the body; resembling, at other times, the crawling of insects. Free from pain; tongue slightly coated; very little confusion in the head; at times complained of ringing in the ears; appetite natural; no lesion of motion; pulse 70 in the minute, rather weak; bowels nearly regular, if any alteration slightly costive. Counter-irritation applied to the head

and spine; bowels kept freely open with cathartics; stimulating liniments applied to the extremities in form of friction. The above method was persevered in for several days, alleviating the symptoms very little, if any. Several medical gentlemen were called in consultation, all pronouncing the nature of the case to be very obscure, and not developed by the symptoms, nor improved by treatment. The symptoms, although not plain, either rational or physical, yet determined a gradual increase of the original affection.

Nothing occurred worthy of notice, I think, until May 10th, when the other half of the body began to be affected; lesion of motion appeared; stiffness in the left hip and knee-joint; liable to trip and fall when walking, confusion in the head increased, and vision somewhat impaired. In short, we see at the present stage of the disease that the nerves of sensation on the right, and motion of the left, are the principal organs implicated. Bloodletting, general and local, was resorted to; blisters to the spine; frictions; bowels kept in an active state with cathartics. The patient from this time continued to sink in a gradual manner, and the disease, which at first seemed confined to the skin, involved the deep-seated muscles, rendering motion more imperfect, diminishing sensation, and, in fact, paralyzing the different organs, and thereby deranging their functions.

June 1st.—Disease rapidly progressing; speech beginning to fail; inability to walk, save with crutches; bowels very torpid, requiring the most active purgatives; respiration performed with labor; intellect at times destroyed; pulse slow and weak; temperature of the body below the natural standard. Counter-irritation to the occiput and spine, with alterative medicines. Continues to fail. Medication seems to have no control over the progress of the disease.

The above symptoms increased until June 10th, when he fell into a comatose state, and expired the 14th.

Examination twenty-four hours after Death.—By removing the brain, particularly the cerebrum, the mystery was readily solved. Seven tumors were found, all, except one, I think, in the cortical portion, which were of the medullary sarcomatous kind. Portions of the brain in the immediate vicinity were slightly softened, and the vessels enlarged by which they were supported. Spinal marrow slightly congested. Thoracic and abdominal organs healthy.

The above tends to prove the liability of cancerous disease to return, and confirms the doctrine of modification by tissue.

Calais, Vt., May 25, 1843.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 JUNE 7, 1843.

Medical Anniversary.—According to custom, the members of the Massachusetts Society, an honored and venerable institution, assembled in Boston at the appointed hour, on Wednesday last. The records of the past year having been read, an election of Counsellors followed. No essential alterations were made from the returns of the last season. Suffolk county had the following catalogue of names:—George C. Shattuck, Jacob Bigelow, Enoch Hale, S. D. Townsend, John Ware, Z. B. Adams, John Homans, Woodbridge Strong, John Jeffries, George W. Otis, Jr., Winslow Lewis, Jr., Samuel Morrill, Jerome V. C. Smith, D. H. Storer, John Flint, John D. Fisher, Charles G. Putnam, Ephraim Buck, Geo. Hayward, J. B. S. Jackson, A. Thomas, and John C. Hayden. A correct list of all the Counsellors in the other districts will appear in the pamphlet usually issued by the board soon after the transactions are systematized and recorded, from the minutes of the Secretary. Most of the morning was passed in the ordinary routine of business, till 1 o'clock, when the annual discourse was delivered, which will also be published.

From the Temple, the Society adjourned to the great hall over the Worcester Rail-road Depot, a light, airy, and truly spacious apartment, where dinner was served. It was a pleasant sight to see so many hundreds of physicians, from different parts of the Commonwealth, seated quietly together. But there was a higher gratification to the spectator, arising from the fact that the individuals of the company before him, were not only good members of society, but educated physicians; for no one can be admitted to the privileges and immunities of the Association, who has not passed a rigid ordeal, wisely established by law for the elevation of medical character and science in the State.

The Society gave a practical illustration of their estimate of the value of temperance. Not a drop of wine appeared at the table, yet the toast and water produced a genuine flow of soul and some of the keenest scintillations of Attic wit. An original poem was read, full of good sentiments, as well as pointed references to the impositions of the day. It should have been published in the Journal, for the gratification of those who did not find it convenient to be present on the occasion. The author's modesty, however, much to our disappointment, keeps a bright light under a bushel.

In the evening, the President received his medical friends at his residence in Summer street, where Boston hospitality lost nothing of its former reputation.

On Thursday, at 10 o'clock, the new counsel assembled at their room at the Temple, for the choice of executive officers. Jacob Bigelow, M.D., of Boston, was unanimously re-elected President; and Robert Thaxter, M.D., of Dorchester, V. President. The following Censors were also chosen.

For the Society at large and the First Medical District, Drs. John Jeffries, Z. B. Adams, Anson Hooker, Winslow Lewis, Jr., George W. Otis, Jr.

For the Second Medical District, Drs. M. F. Heywood, C. W. Wilder, William Workman, Benjamin Pond, and Joseph Sargeant.

For the Third Medical District, Drs. S. Peake, David Bemis, Gardner Dorrance, Watson Loud, and Edward E. Denniston.

For the Fourth Medical District, Drs. H. H. Childs, R. Fowler, A. G. Welsh, R. Worthington, and N. S. Babbitt.

For the Fifth (new) Medical District, Drs. Alexander Reed, Andrew Mackie, Samuel Sawyer, A. Glazier, and J. Haskell.

Drs. Hale, Homans and Storer were chosen Committee on Publications.

Dr. John Ware, of Boston, was chosen to deliver the address at the next annual meeting of the Society.

A resolution was introduced, which proposed that the members shall investigate the medical topography of the State; and in a more careful and scientific manner than has ever heretofore been attempted, not only obtain the real statistics of disease, but also attempt to ascertain the value of life in the different counties, cities, towns and districts. An immense amount of exceedingly important medical knowledge might be readily obtained by a systematic effort of this kind throughout the whole State. The matter, however, instead of being at once acted upon, was referred to a committee, to report at the next annual meeting. Thus, the project will make slow progress, as some time must elapse before the committee become tangible, and that will undoubtedly lead to further consideration through another committee. It is a pity that measures which strike the understanding at once, as being both expedient and wise, could not be at once made operative.

With regard to the annual discourse, there appeared to be a variety of opinions. We have no doubt that those who failed to discover much of interest in the topic or manner of delivery, will think better of both when they sit down leisurely over a fair printed copy, some weeks hence.

Medical Civilities to the Ladies.—Another year, when the country members of the Medical Society assemble, we suggest to them the great pleasure they would confer by bringing their ladies to Boston with them. Facilities for speedy, cheap travelling favor the scheme—and it would be a delightful trip to the metropolis at a period when their husbands are obliged, by courtesy, to make the jaunt. If the plan were adopted seasonably, they would be received here by the ladies in a manner to increase the pleasure of the excursion. There are physicians enough in Boston, residing in arks and palaces, to entertain their fair semi-medical friends elegantly and cordially. Instead of dining, as heretofore, an army of medical strangers, let the ladies be invited to dine with us. The Unitarian Association has introduced the custom—having dined the other day together, ladies and gentlemen, rising of seven hundred strong. Surely we ought not to be behind the age in civilities to those who are our mothers, sisters, wives, friends—and best of customers.

Vermont Medical College.—By the new catalogue of the trustees, examiners, faculty and students, the institution appears to be in an excellent condition, and well sustained. It will be recollected that the College is located at Woodstock, Vt. There were 49 seniors and 39 juniors the present spring term. The following is a list of graduates of 1842:—

Sidney P. Bates, *Hartland*; Myron N. Babcock, *Berkshire*; Daniel Campbell, *Westminster*; George Carpenter, *Alstead, N. H.*; Charles W. Calkins, *Northfield*; Lucius W. Grosvenor, *Reading, Mass.*; Edwin P. Grosvenor, *Danvers, Mass.*; Albert B. Harvey, *Lowell, Mass.*; Henry D. Hitchcock, *Westminster*; Robert P. Hunt, *Lexington, Ky.*; Gilbert Mcbeth, *Rochester, N. Y.*; Sumner Putnam, *Montpelier*; John Renton, *Concord, N. H.*; Horace Stevens, *Haverhill, N. H.*; Henry Williams, *Royalton*.

Honorary Graduates of 1842.—Philander Wildman, *St. Lawrenceburgh, Geo.*; Stephen Drew, *Woodstock*; Edward Dearborn, *Seabrook, N. H.*; Nathaniel Harris, *Middlebury*.

Accounts of the Pennsylvania Hospital.—Since the name and the fame of this celebrated and ancient Hospital have a wide-spread reputation, it may be gratifying to students in medical statistics to know the expense of maintaining it. *Payments* for one year, ending 4th month 27th, 1843, were as follows, viz.: Medical department, \$1,867 08; household expenses, \$4,121 25; live stock, \$576 39; repairs and improvements, \$632 76; salaries and wages, \$3,849 68; medical library and stationary, \$527 52; incidentals, \$267 79. *Receipts.*—For board of patients, \$5,618 44; articles sold, \$92 73; medical fund, \$605 75; West's painting, \$130 41; from the gate, \$16 97; manager's fines, \$14 75; discounts, \$16 96.

The total number of patients admitted into the Hospital, in the city, from its establishment in 1752 to 4th month 22d, 1843, has been *forty thousand and ninety-five*, of whom *twenty-one thousand nine hundred and twenty-eight* have been poor people, maintained and treated at the expense of the institution.

From 2d mo. 11th, 1752, when the first patient was received, to 4th mo. 22d, 1843, there have been:—

Cured,	25,143
Relieved,	4,730
Removed without having received benefit,	2,968
Eloped, and discharged for misconduct,	1,122
Pregnant women safely delivered,	964
Infants born in the Hospital and discharged in health,	907
Died,	4,188

40,022

Remaining in the Hospital, - - - 73

Total, - - - 40,095

Correspondence of Bavarian Physicians.—Acknowledgment of the reception of *Medicinisches Correspondenz-Blatt Bayerischer Aerzte*, should have sooner been made. If the publication is continued in Nos. as intended, it must be not only an agreeable mode of gathering local medical intelligence, but also an exceedingly useful digest of practice, and therefore an important periodical for the physicians of Bavaria. An exchange will be made if the channel through which packages can be sent, regularly, is pointed out.

Medical Miscellany.—Dr. Robert Patterson delivered the centennial discourse before the American Philosophical Society, at Philadelphia, on the 25th inst.—Dr Geo. Blacknall has been appointed Fleet Surgeon of the East India Squadron. Assistant Surgeons Drs. Richard W. Jeffrey and A. F. Royal go out in the Brandywine.—Dr. Kane is attached to the Chinese Mission.—Dr. Samuel C. Laurason goes out surgeon in the U. S. Sloop St. Louis, and Dr. J. C. Bishop, assistant surgeon for the East India Station.—Dr. J. J. Abernethy, passed Assistant Surgeon, is attached to the Store-ship Lexington, bound to the Mediterranean.—Scarlet fever is represented to be quite rife at Philadelphia.—An abstract of a memoir was communicated on the 29th inst. to the American Philosophical Society, Philadelphia, on the Ethnography of the ancient Egyptians, with specimens illustrative of the author's conclusions, by Dr. S. G. Morton. Dr. Meigs, of the same city, made some remarks before the same Society, concerning the fetal head, at birth, with a table of admeasurements. He attempted to show that it was larger than given by European observers.—Mrs. Margaret Allison Reed, of Mississippi, by her last will and testament bequeathed nearly half of her estate, which was very ample, to Dr. S. Duncan, of Natchez.—Dr. Pereira's work on food, spoken of a few weeks since, has never yet been published, and we therefore labored under a mistake in regard to its being a second edition. Dr. Lee's edition, to be out this week, will be its first appearance.—Just published in London—Observations on the Extraction of Teeth, by J. Chitty Clendon; also Physical Diagnosis of Disease of the Lungs, by W. H. Walshe, M.D., Professor of Pathological Anatomy in University College, and Physician to the Hospital for Consumption and Diseases of the Chest.

TO CORRESPONDENTS.—No. 3 of the Pathology of Drunkenness, Dr. Knowlton's case of Abscess of the Lungs, Dr. Dixon's note on Ligature of the Anus, Dr. Ely's Statistics of Mortality, Dr. Brown on Curvature of the Spine, and R. C. on Spurious Remedies, have been received.

ERRATA.—In "Pathology of Drunkenness, No. 2," page 312, line 3, for *professional* read *professorial*; page 314, line 6, for *incurvation* read *innervation*; page 316, line 25, for *process* read *powers*.—In Dr. Abbe's reply to Dr. Brown, page 323, the manuscript should have had the word "if" inserted before "it is more like," in the last line but three, and the last line should read, "then it should be met," &c.

MARRIED.—In Boston, Joseph Roby, M.D., to Miss Mary C. Sharp.—William A. Davis, M.D., of Springfield, Mass., to Miss A. M. Davis, of Boston.—At Lincolnville, Dr. Edward W. Hook to Miss F. P. Whitney.

DIED.—At Austinburg, Ohio, Dr. Theodore H. Wadsworth, 34, a native of Farmington, Conn.—On board steamboat Fashion, on her passage from Mobile to New Orleans, Dr. Truman Hart Woodruff, late of Batavia, Genesee Co., 42.—At Newburgh, Baltus L. Van Kleeck, M.D., aged 69.

Number of deaths in Boston, for the week ending June 3, 44.—Males, 18—Females, 26.—Stillborn, 2. Of consumption, 4—droupy, 1—scrofula, 1—croup, 3—disease of the heart, 5—insanity, 1—debility, 2—droupy in the head, 2—disease of the lungs, 1—scirrhous affection of stomach, 1—hemorrhage, 1 inflammation of brain, 1—inflammation of the lungs, 1—smallpox, 3—hooping cough, 1—infantile, 1 Under 5 years, 13—between 5 and 20 years, 3—between 20 and 60 years, 17—over 60 years, 9. —palsy, 3—paralysis, 1—child-bed, 2—tumor, 1—fits, 1—influenza, 1—affection of the brain, 1—suicide, 1—sudden, 1.

A Case of Strangulated Femoral Hernia, in which the Sac was distended with Fluid Blood. By J. TOYNBEE, Esq. F.R.S., Surgeon to the St. George's and St. James's Dispensary.—As it is important to place on record every variety presented by so interesting a disease as hernia, I take the opportunity of publishing the following case, which displayed some peculiarities worthy of notice.

Mrs. H., æt. 50, tall and thin, and who had been losing flesh for six months, was seized with a pain in the right groin whilst exerting herself in the middle of the day of February 28th. The pain was very acute for some time, but gradually disappeared. Towards evening the usual symptoms of strangulated hernia presented themselves, and on retiring to bed a swelling was perceived in the right groin, which was rather augmented on the following morning. During the early part of the day of February 29th, the patient walked about the house: at 2 o'clock the pain and sickness had considerably increased, and she suddenly fainted, when my attendance was requested. Upon examination I found a tumor in the right groin, of the size of a small hen's egg, produced by a femoral hernia; it was remarkably hard and incompressible, and its size was not at all diminished by the application of the taxis. An operation was therefore determined upon, which I performed the same evening, with the kind assistance of my colleague, Mr. Chapman. Nothing unusual presented itself in the steps of the operation until the hernial sac was exposed; it was of the size of a small walnut, very tense, and perfectly black. Upon laying it open, it was found to owe a great part of its size to the presence within it of a large quantity of dark-colored blood, of the consistence of treacle. At its upper part was a small rounded mass, also quite black, and irregular to the touch. Several coatings of firm fibrine were removed from its surface, and in its centre a very small portion of omentum was exposed, having a dark color, but possessing its natural consistence. Upon a careful examination, finding there was no oozing of blood from its surface, I divided the stricture at Poupart's ligament, and returned the protruded part into the abdominal cavity. No unfavorable symptoms supervened. The patient was quite recovered in three weeks, and has remained well to the present period. The peculiarities in this case, dependent upon the presence of thick fluid blood in the hernial sac, and of the layers of fibrine coating the omentum, are likely to afford some embarrassment to an operator who meets with them for the first time, without being aware of the probability of their existence.—*Lon. Med. Gaz.*

Steamboat Explosions.—All passengers who are exposed to these accidents ought to know, that the steam which spreads through the cabin, when explosions occur, will not scald those parts of the body which are covered even thinly. Thus, those, who are in their berths when such an accident happens, should lie still, and cover up their heads, instead of rising, as has so often happened; and those who are up, might protect themselves by covering their hands and face with an apron, the skirts of a coat, or even a silk handkerchief. Reaching the skin through such a fabric, steam, which would otherwise blister, will scarcely redden it. A further precaution, not unworthy of notice, is to suspend or hold the breath, at the moment of becoming enveloped in the steam, by which its introduction into the larynx and lungs is prevented.—*Western Journal.*